

### **Enrolment Form - S1S10 Training Package**

(Australian Canoeing Partnership)

S1S30413 Certificate III in Outdoor Recreation & S1S40313 Certificate IV in Outdoor Recreation.

#### **Checklist for Enrolment**

#### **IMPORTANT - Please note the following instructions:**

- You <u>MUST</u> complete all sections of the SAIT Enrolment Form and provide <u>ALL</u> supporting documentation for your application to be processed.
- 2. Please refer to the SAIT Candidate Information Guide to assist with the completion of this enrolment form.

  This Guide can be downloaded from the Scouts Australian website <a href="www.scouts.com.au">www.scouts.com.au</a>.
- 3. Use this checklist to ensure <u>ALL</u> requirements are addressed. Remove and retain this checklist before you forward your form.

your form.			
/ /	Received Date: (Office use only)	/	1
y:			
noeing Membership Number:			
Ensure you have completed a	Il sections of the Enrolment Form.		
Completed Reading the SAIT Candidate	nformation Guide & The SAIT Cons	ent Form	
Completed listing your VET Qualification	/s for your Assessment		
Completed providing your Unique Stude numbers	nt Identifier number (USI) or any o	ther State	specific student
Completed and signed Candidate Declar	ation		
If under 18 provided Parent / Guardian S	iignature		
Enrolment F	orm Attachments		
Return your Student Unique Identifier n	umber Letter & SAIT Consent Form		
Attach certified copies of Certificates an partially completed qualifications	d Statement of Results for any prev	iously att	ained or
		and listed	on the Statutory
eclaration list: See: http://www.ag.gov.au/Pub	lications/Pages/Statutorydeclarationsi	gnatorylist	.aspx
Need a	Assistance?		
Contact your Scout Branch Training Office	r during normal office hours by pho	one or em	ail
	Enrolment  Ensure you have completed a  Completed Reading the SAIT Candidate I  Completed listing your VET Qualification  Completed providing your Unique Stude numbers  Completed and signed Candidate Declar.  If under 18 provided Parent / Guardian S  Enrolment F  If you are submitting any supporting doc attach a certified copy of your Marriage legal change of name  Return your Student Unique Identifier numbers  Attach certified copies of Certificates and partially completed qualifications  IMP  Certified documents can be scanned, posted  Need A	Problem Form Checklist  Ensure you have completed all sections of the Enrolment Form.  Completed Reading the SAIT Candidate Information Guide & The SAIT Consequence Completed providing your VET Qualification/s for your Assessment  Completed providing your Unique Student Identifier number (USI) or any or numbers  Completed and signed Candidate Declaration  If under 18 provided Parent / Guardian Signature  Enrolment Form Attachments  If you are submitting any supporting documentation listed under a former lattach a certified copy of your Marriage Certificate or Change of Name Certilegal change of name  Return your Student Unique Identifier number Letter & SAIT Consent Form  Attach certified copies of Certificates and Statement of Results for any previous partially completed qualifications  IMPORTANT  Uments must be color photocopies of original documents and certified by any person colaration list: See: <a href="http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsic-Certified documents can be scanned, posted or delivered">http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsic-Certified documents can be scanned, posted or delivered</a> to your Scout Branch Health in the scanned in the sc	/ / Received Date: (Office use only) / y: noeing Membership Number:  Ensure you have completed all sections of the Enrolment Form.  Completed Reading the SAIT Candidate Information Guide & The SAIT Consent Form  Completed listing your VET Qualification/s for your Assessment  Completed providing your Unique Student Identifier number (USI) or any other State numbers  Completed and signed Candidate Declaration  If under 18 provided Parent / Guardian Signature  Enrolment Form Attachments  If you are submitting any supporting documentation listed under a former last name attach a certified copy of your Marriage Certificate or Change of Name Certificate as legal change of name  Return your Student Unique Identifier number Letter & SAIT Consent Form  Attach certified copies of Certificates and Statement of Results for any previously att partially completed qualifications  IMPORTANT  Jaments must be color photocopies of original documents and certified by any personnel listed occlaration list: See: http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist Certified documents can be scanned, posted or delivered to your Scout Branch Headquarters



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	Submitting your S	AIT Enrolment For	m	
Mail	Fa	х	E-mail	
Return Completed Form to Australian Canoeing	NOTE: Original certified documents will need to be authenticated and are best scanned or mailed to your Australian Canoeing. Your Enrolment form can be faxed to Australian Canoeing.		<b>NOTE:</b> Original certified documents will need to be authenticated and are best scanned or mailed to Australian Canoeing. Your Enrolment form can be E-mailed to Australian <b>Canoeing</b> .	
PERSONAL DETAILS				
	Imrs	□ <sub>MISS</sub> □	OTHER: (Details)	
Given Names: (Legal Given Names)			· · ·	
Preferred Name:				
Last Name: (Legal Family Name)				
Home Phone:		Mobile Phone:		
E-mail address (Mandatory):				
Residential Address: (Street number and name not PO BOX)				
Suburb:		State:	Postcode:	
Postal Address:	as residential address			
Postal Address:				
City/Suburb:		State:	Postcode:	
CITIZENSHIP / VET RELATED DETAILS		T		
Gender: (Tick one box only)   Male	Female	Date of Birth:	/ / Age:	
Country of Birth :				
City of Birth :				
Country Of Citizenship:				
Australian Citizen Status :				
IDENTIFICATION				
Identification needs to be confirmed by one	of the listed documents.	(Tick one box only)		
Australian citizen	Asylum Seeker and Victim of Human Trafficking Initiative			
(green Medicare card, birth certificate, current Aust Naturalisation Certificate)	ralian passport or	(relevant referral form,		
☐ Holder of a Permanent Visa ☐ A New Zealand citizen			citizen	
(green Medicare card or Visa and VEVO printout)		(green Medicare card or current New Zealand passport)		

Are you of Aboriginal or Torres Strait Origin? (Tick all that apply)



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□No	Yes, Aboriginal		Yes, Torres Strait Islander		
EMPLOYMENT STATUS					
Full-Time employee	Employer	Self Employed  Not employing others  Description:  Unpaid worker in a family busin		Employed  Unpaid worker in a family business	
Part-Time employee	Unemployed  Seeking part-time work	Not employed  Not seeking employment/  school student  Unemployed  Seeking full-time work		Unemployed	
Which of the following classification	ns best describes your current or				
☐1 – Managers		☐6 – Sales	G – Sales Workers		
2 – Professionals		☐7 – Maci	7 – Machine Operators and Drivers		
3 – Technicians and Trade Work	ers	■8 – Labo	8 – Labourers		
4 – Community and Personal Sei	rvice Workers	☐9 – Othe	r/ (School students)		
5 – Clerical and Administrative V			If never employed please proceed to Citizenship/Residency Status section		
Which of the following classification	ns best describes the Industry of	your current o	r previous Employer? (Tid	ck one box only)	
A - Agriculture, Forestry and Fish	ning	☐ K - Financial and Insurance Services			
B - Mining	<b>G</b>	L -Rental, Hiring and real Estate Services			
C - Manufacturing		☐ M -Professional, Scientific and Technical Services			
D - Electricity, Gas, Water and W	/aste Services	□ N - Administrative and Support Services			
☐ E - Construction		O - Public Administration and Safety			
F- Wholesale Trade		P -Education and Training			
☐ G - Retail Trade		Q - Health Care and Social Assistance			
H - Accommodation and Feed Se	ervices	R - Arts and recreation Services			
☐ I - Transport, Postal and Wareho	ousing	☐ S - Other Services/ (school student)			
☐J - Information Media and teleco	ommunications				
If you are under 20 years of age as birth, please also provide one of the		olment, and yo	ur identification docume	nt does not contain a date of	
Current Drivers Licence	Current Learner Permit	Proof	of Age Card	Key Pass Card	
LANGUAGE  Do you speak a language other tha	n Fnglish at home? (If more than o	ne language indic	ate the one that is snoken m	nost often)	
		one language indicate the one that is spoken most often)			
■ No, English only  How well do you speak English?	Yes, other (Please specify)				
	П.,, п			<b>1</b>	
■ Very Well  Is English Assistance Required?	Well	<b>□</b> Not W	eii 🖵	Not at all	
Yes	□ <sub>No</sub>				



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SCHOOL AND TRAINING HISTORY			
Unique Student Identifier (USI): Please refer to your SAIT Student Unique Identifier Letter - MANDATORY			
Please list your Unique Student Identifier-(USI) number:			
Other State Student Numbers - O	PTIONAL		
Please list your Victoria Student number(VSN):			
Are you currently attending secor This includes any government, nor		) Catholic school or a student registered	for home schooling in all states
□No	Yes If yes, has this t	raining been arranged by the school?	☐ Yes ☐ No
What is your highest completed s	chool level? (Tick one box only)		
Never attended school	Completed Year 8 c	r lower Completed Yea	r 9 or equivalent
Completed Year 10	Completed Year 11	☐ Completed Yea	r 12
In which year did you complete th	nat school level?		
Date: / /			
Have you successfully completed	any other Qualifications?		
□Yes	□ No		
If yes, please select the appropria	te box next to the relevant qua	lification.(Tick as appropriate)	
<b>A</b> =Australian Qualification <b>E</b> =Aust	tralian Equivalent Qualification	I=International Qualification	
Bachelor Degree or Higher Degree		Certificate III (or Trade	A E I e Certificate)
Advanced Diploma or Associate De	egree 🔲 🔲	Certificate II	
Diploma (or Associate Diploma)		Certificate I	
Certificate IV (or Advanced Certific	cate/Technician)	Certificates other than	above
		verseas for any one qualification level, use ent Qualification   I=International Qualifica	· · · · · · · · · · · · · · · · · · ·
SPECIAL NEEDS			
Disability: Do you consider yourse	elf to have a disability, impairm	ent or long-term condition? (Tick one b	pox only)
□Yes	□No		
If yes, please indicate the areas of	f disability, impairment or long	-term condition (Tick as appropriate)	
Learning	Medical Condition	Hearing/Deaf	Acquired Brain Impairment
Intellectual	Vision	ision	
Other (please specify):	,		



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ERGENCY CONTACT DETAILS:
Contact Name:
Relationship to you: (e.g. Partner, Friend)
Contact Number:
Additional Information (List any allergies/Special medical conditions).

THE REMAINDER OF THIS PAGE HAS BEEN LEFT INTENTIONALLY BLANK - PLEASE PROCEED TO THE NEXT PAGE



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The Qualification Section:				Ì
Australian Canoeing Course	linked unit(s)		In partial completion of:	
Flatwater Guide Canoe	SISOCNE303A SISOCNE305A	Apply canoeing skills  Guide canoeing trips on flat and undemanding water	SIS30413 Certificate III in Outdoor Recreation	
Flatwater Guide Kayak	SISOKYK302A SISOKYK304A	Apply kayaking skills  Guide kayaking trips on flat and undemanding water	SIS30413 Certificate III in Outdoor Recreation	
Flatwater Instructor Canoe	SISOCNE303A SISOCNE305A SISOCNE306A	Apply canoeing skills  Guide canoeing trips on flat and undemanding water  Instruct canoeing skills on flat and undemanding water	SIS40313 Certificate IV in Outdoor Recreation	
Flatwater Instructor Kayak	SISOKYK302A SISOKYK304A SISOKYK407A	Apply kayaking skills  Guide kayaking trips on flat and undemanding water  Instruct kayaking skills on flat and undemanding water	SIS40313 Certificate IV in Outdoor Recreation	



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CANDIDATE'S DECLARATION. Please refer to the SAIT Candidate Information Guide before completing this section.
Please complete areas indicated by arrows:
(applicant's full name):
in seeking application for assessment in (qualification title):
declare that the highest qualification I currently hold is: (qualification title of accredited course – if applicable)
I declare that the information I have provided in this enrolment form is true and correct. I understand that giving false or misleading information is a serious offence. I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete this enrolment form may result in a withdrawal of any offer for qualification via the assessment process. I authorise SAIT to check all available records to confirm the information provided is correct.
I acknowledge that I have read the SAIT Candidate's Information Guide. I understand that by signing this SAIT Enrolment form I agree to follow the Assessment process.
"I understand that some of my information contained herein will be provided as statistical data to an external government body (AVETMISS) as is required by the National Vocational Educational and Training Regulator ACT 2011. Further, I understand any identifying personal information provided by me to SAIT or its licensed agencies will be kept strictly confidential and that I have read SAIT's detailed Privacy Policy in the SAIT section on the Scouts Australia website: <a href="https://www.scouts.com.au">www.scouts.com.au</a> .
I give SAIT permission to provide information about completed assessment, and qualifications and statements of attainment awarded to me, to Australian Canoeing.
I understand that I must inform SAIT through Australian Canoeing of any changes to the details contained within this form
→ CANDIDATE SIGNATURE
Date: / /
PARENT SIGNATURE (If applicant is under 18 years of age)
Date: / /
A Learner Engagement Survey will be forwarded to you Scouts Australia to capture your feedback to the SAIT RPL Assessment process and in the handling of your RPL portfolios of evidence.
NOTE: This is not compulsory but your feedback is very important to us and highly appreciated.

PLEASE REFER BACK TO THE CHECKLIST FOR ENROLMENT (PAGE 1) BEFORE SUBMITTING TO ENSURE YOU HAVE COMPLETED ALL REQUIRED FIELDS